State of Alabama Unified Judicial System

AFFIDAVIT OF SUBSTANTIAL

Case Number

| Form C Page 1 | | 2:07cv 948-MHT | | | |
|--|--|--|--|--|--|
| IN TE | COURT OF | , ALABAMA | | | |
| | (Circuit, District, or Municipal) (Name of County | or Municipality) | | | |
| STYLE OF CASE: Phoelos Donise Nouls v. Tanya Brown | | | | | |
| Plaintiff(s) Defendant(s) | | | | | |
| I ADM ()M AK(W/E ETMM (2) V M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M | | | | | |
| CIVIL CASE—I because of Substantial hardship, am unable to pay the docket fee and service fees in this case. I request | | | | | |
| that payment of these fees be waived initially and taxed as costs at the conclusion of the case. CIVIL CASE—(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an | | | | | |
| attorney and I request that the court appoint one for me. | | | | | |
| ☐ CRIMINAL CASE I am financially unable to hire an attorney and request that the court appoint one for me. | | | | | |
| | ELINQUENCY/NEED OF SUPERVISION I am financially unable to hire an attorney and for my objidition | nd request that the court appoint | | | |
| OI. | ne for my child/me. AFFIDAVIT | | | | |
| SECT | TION I. | | | | |
| 4 10 | ENTIFICATION | | | | |
| 1. IU Fi | ill name Angela Venise Nais | te of birth an & lol | | | |
| Sr | pouse's full name (if married) | N13C047 | | | |
| C | omplete home address IILE East Street 440 Carrolltan, | | | | |
| N | umber of people living in household 3 | | | | |
| H | ome telephone number 205 367-1123 ccupation/Job D 15abled Length of employment 3 Years 11 | months | | | |
| Di | river's license number*Social Security Number | | | | |
| | mployer_ N A Employer's telephone number mployer's address N A | | | | |
| اما | mployer 3 accress | | | | |
| | ASSISTANCE BENEFITS | | | | |
| | Do you or anyone residing in your household receive benefits from any of the following source apply.) | s? (If so, please check those which | | | |
| | □ AFDC □ Food Stamps □ SSI ÞMedicaid □ Other | | | | |
| 3. | INCOME/EXPENSE STATEMENT | and the second control of the second control | | | |
| | Monthly Gross Income: Monthly Gross Income \$ \\$ 5 \ 2 \ \circ \circ \circ} | | | | |
| | Spouse's Monthly Gross Income (unless a marital offense) | • | | | |
| | Other Earnings: Commissions, Bonuses, Interest Income, etc. Contributions from Other People Living in Household | • | | | |
| | Unemployment/Workmen's Compensation, Social Security, Retirements, etc. | - ymonths | | | |
| | Other Income (be specific) Pell Grant tor Collige \$75,00 Month | 92700 | | | |
| | TOTAL MONTHLY GROSS INCOME | \$ 10,1:00 | | | |
| | Monthly Expenses: | | | | |
| | A. Living Expenses | | | | |
| | Rent/Mortgage Total Utilities: Gas, Electricity, Water, etc. | | | | |
| | Food Solution Solutio | | | | |
| | Health Care/Medical | , | | | |
| | Car Payment(s)/Transportation Expenses | | | | |
| | Loan Payment(s) | | | | |

| Form C-10 Page 2 of 2 Rev. 2/95 | AFFIDAVIT OF S | AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER | | |
|---|---|---|--------------------------------------|--|
| B. Child Support Paymer C. Exceptional Expenses | ent Expenses ent Expenses epecific) Auto warry 98.84 Telephone 4 46.80 tal nt(s)/Alimony | \$\$ \$\$ s | A\$ 1,130.86 B\$ 0 \$ 1,130.86 | |
| | ne Less total monthly expenses: DISPOSABLE MONTHLY INCOI | VIE | <u>\$-203.86</u> | |
| bonds, certificates of depo Equity in Real Estate (value Equity in Personal Property motor vehicles, stereo, VCI guns, less what you owe) Other (be specific) Do you own anything else (land, house, boat, TV, stered If so, describe | e of property less what you owe) y, etc. (such as the value of R, furnishing, jewelry, tools, of value? Fres PNo ereo, jewelry) | \$ <u>84.00</u> | \$ 84.00 | |
| | L LIQUID ASSETS | | y | |
| to any question in the affidavit | | v source in order to verify informatio | on provided by me. I further | |
| Saugeroctorious | | | | |
| SECTION II. IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS: Affiant is not indigent and request is DENIED. Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay toward the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: Affiant is indigent and request is GRANTED. The prepayment of docket fees is waived. IT IS FURTHER ORDERED AND ADJUDGED that | | | | |
| | | Judge | | |